Effective October 1, 2001    10/073405												
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THA  (Column 1) (Column 2) TYPE OR SMALL ENTITY												
TOTAL CLAIMS			14				RAT	RATE FEE		1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			√ minus 20=		• 8		X\$	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			# minus 3 =		• 9		X42	X42=		OR	\ <u>\</u>	
MULTIPLE DEPENDENT CLAIM PI			RESENT	_			+14	+140=		OR		
* 11	the difference	in column 1 is	ess than zero, enter "0" in column :			xolumn 2		TOTAL		OR	TOTAL	
1/3/5 CLAIMS AS AMENDED - PART II									ENTITY	OR	OTHER SMALL	
4		(Column 1) CLAIMS		(Colur		(Column 3)	3M2		ADDI-	Un I	SMALL	ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT	:	NUM PREVK PAID	OUSLY	PRESENT EXTRA	RAT	Έ	TIONAL FEE	·	RATE	TIONAL FEE
	Total	.10	Minus	-2	10	= 1	<b>X</b> \$	<b>)</b> =	OR	OR	X\$18=	
	Independent	Minus •••			7	X42	=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									* \$1,711,914	OR	°+280=	
•	···					•		TAL			TOTAL ADDIT. FEE	
	· ·	(Column 1)		(Colur	mn 2)	(Column 3)	ADDIT.	· EE (			ADDII. FEET	· · · ·
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	X\$ 9	)=		OR	X\$18=	
	Independent	*	Minus	***	- C1 A114	-	X42	= .	ing milangga	OR	:-X84=	
	FIRST PRESE	NTATION OF MU	JLI IPLE DE	ENDEN	CLAIM		+140	)= .		OR	+280=	
							ADDIT.	TAL FEE		OR	TOTAL ADDIT. FEE	
		· (Column 1)		(Colu		(Column 3)				·		•
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE	• • •	RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	X\$ 9	)=	(.	ÖR.	~X\$18=	
	Independent	•	Minus	***		=	X42	$\dashv$	•	_	X84=	
5	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	PENDEN	CLAIM		l		•	OR:		•
	If the other in each	mn 1 is loss than th	ne entry in colo	ıma 2. writi	no ai "O" e	tuma 3.	+140			OR	+280=	
. **	* If the ntry in column 1 is less than the entry in column 2, write "0" in column 3.  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **OTAL ADDIT. FEE ADDIT. FEE											
	The 'Highest Nun	nber Previously Pai	id For" (Total o	r Indep nd	ent) is the	highest numb	r found in th	app	propriat box	c in co	dumn 1.	

Application or Docket Number